

2026



Benefits Guide

Your benefits. Your future.



Welcome to your benefits!

- 03 Eligibility & Enrollment
- 06 Insurance Terms to Know
- 07 Insurance Rates
- 08 Retirement Plans
- 11 Medical Benefits
- 17 Dental Benefits
- 19 Vision Benefits
- 21 Life & Disability Benefits
- 23 Mental Health
- 28 Physical Health
- 33 Financial Health
- 36 Paid Time Off
- 37 Legal Notices
- 56 Contacts



Message from the City Manager

Let's Live Life Well, Together

At the City of Baytown, we believe work should do more than provide a paycheck. It should give you the tools and support you need to live life well. That means taking care of your health, nurturing your family, and creating space for growing both personally and professionally.

That's why our benefits package is designed with you in mind:

- **Health Insurance:** Comprehensive coverage with low out-of-pocket costs.
- **Virtual Visits:** Affordable care, right from your home or office.
- **Baytown Wellness Center:** Free access for covered employees and dependents, making care simple and close to home.
- **Mental Health Resources:** Confidential counseling and stress support through our Employee Assistance Program.

The City's goal is to provide benefits that make it easier for you to care for yourself and your family. We value the work you do here and the life you build at home. We are committed to supporting your well-being in both.

As you explore your benefits, don't forget that **BaytownLife.com** is always there as your go-to resource. It's a simple way to find details about your benefits, learn about opportunities across the City, and to stay connected with what is happening in Baytown. Whether you're new to our team or have been here for years, I encourage you to take a fresh look at our benefits as you might find new resources that make life easier for you and your family.

Please take advantage of these resources both in this guide and online. When you do, you're not just supporting your health and happiness. You are also helping us build a thriving Baytown community together.

Thank you for the dedication and care each of you bring to your work family every day.

Take care,



Jason Reynolds

City Manager

If you have questions at any point, please refer to the "Contacts" page for guidance on where to get support. While this guide is a great starting point, you can also find more detailed information by visiting baytownlife.com.

Eligibility

Eligible Employees

You are eligible for City of Baytown benefits on the first day of the month following completion of one month as an active full-time employee if you are regularly scheduled for 30 hours or more per week.

Dependent Eligibility

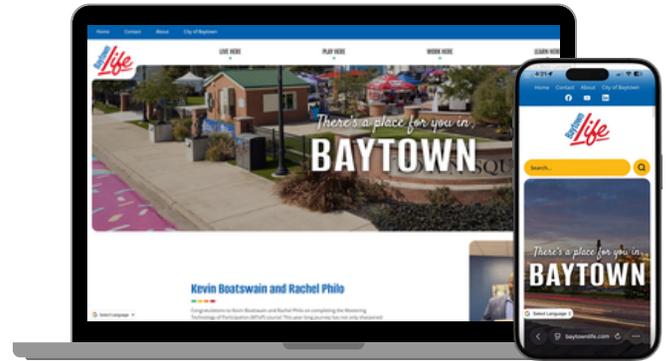
If you're eligible for benefits with the City of Baytown, you can also cover certain family members under your insurance plans. Eligible dependents include:

- Your legal spouse.
- Your children up to age 26. This includes biological, adopted, step, foster or court-appointed guardianship children, as well as your spouse's children.
 - Coverage may continue past age 26 if your child has a mental or physical disability, you've provided the medical documentation required to support the disability, and HR approves the documentation of the disability.



Enrollment

Enroll today at
www.baytownlife.com.



To enroll for benefits, visit www.baytownlife.com and click on the “Work Here” tab and then click “Benefits”. Under the Eligibility & Enrollment section, click on the “Online Benefits Portal” to register or login.

1. Click “Login” or “Register” depending on if you have created an account already.
2. Update your personal information on the About You page. Click “Continue”.
3. Update dependent information on the About Your Dependents page. Click “Continue”.
4. On the Enrollment pages, enroll or waive coverage for yourself and your dependents for each benefit. Make sure to update your beneficiary information!
5. Review your information on the Enrollment Summary. A confirmation statement will also be generated.

Enrollment Checklist

- Enroll by your deadline
- Review your confirmation statement
- Provide copies of dependent documents to Human Resources
 - If you are adding a spouse, you must provide the marriage certification or common law order. If you are adding a child(ren), you must provide the birth certificate for each child.
- Submit your evidence of insurability
 - This is specific to Equitable life insurance. If you elect over the guaranteed amount of coverage for yourself and/or your spouse, this item is required for Equitable to review and consider the amount of guaranteed issue.
- Update your beneficiaries
 - Be sure to include their social security number, date of birth, most recent address and phone number.

When to Enroll

It's crucial to thoroughly select which benefits you would like for you and your dependent(s) since there are only three opportunities to select or modify your coverage.

When You're Hired

You can enroll for coverage within 30 days of your hire date. If you do not enroll for coverage within 30 days of your eligibility date, you will not receive insurance coverage during the plan year.

During Open Enrollment

You can use this time to review benefits and make any changes needed. At this point, you are eligible to add and/or drop dependents and make changes to your current benefit elections. The changes you make during open enrollment will not be effective until January 1, 2026. If you do not make any changes during this time, your current elections will remain the same except for the Flexible Spending Account, which does not roll over.

Qualifying Life Events

You may need to make a change throughout the year and there are qualified events as defined by the IRS when this is allowed. You have 30 days from the qualifying event date to notify HR and make changes to your coverage. Requests made after the 30 day period will not be approved. It is your responsibility to notify HR and initiate this process. You'll need to provide proof of the event such as a marriage certificate, divorce decree, birth certificate, etc. Keep in mind: Any change you make to your coverage must be consistent with the change in status.

Adding Coverage:

- Marriage
- Birth or legal adoption of child(ren)
- Spouse or dependent loss of coverage elsewhere
- Court-ordered change

Ending Coverage:

- Marriage
- Divorce or legal separation
- Dependent child reaches age 26
- Death of your spouse or dependent
- Spouse or dependent gains coverage elsewhere
- Court-ordered change

Coverage for Newborns:

- You are provided coverage for newborns of mothers/fathers insured by the medical plan for the first 30 days from the date of birth. If you would like the newborn to continue having coverage, you must add them to the plan. You must add your newborn to your plan within 30 days of the birth date.

Insurance Terms to Know:

Beneficiary - A person who will receive the money from a life insurance policy when the insured passes away.

Coinsurance - The share of the bill (usually, a percentage) you pay for certain health care services after you've met your deductible.

Copay - The fixed amount (e.g. \$50) a person pays for a covered healthcare service, normally at the time service is provided.

Deductible - The amount you must pay during the coverage period for eligible healthcare expenses, before the insurance plan starts paying anything.

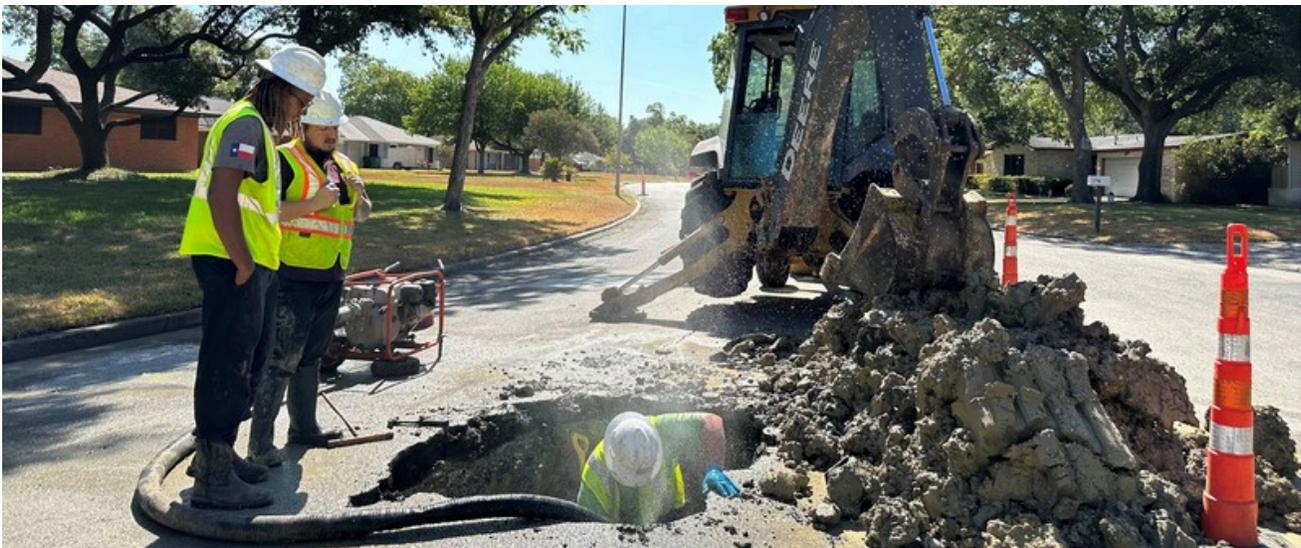
Dependent - Any person - such as a spouse or child - who is covered under the primary insured's plan.

In-Network - Doctors or Facilities covered under your health plan. You'll pay less when you use them.

Out-of-Network - Doctors or Facilities not covered under your health plan. You'll pay more to see them.

Out-of-Pocket Maximum - The maximum an insured person can be required to pay for covered healthcare services in the plan year.

Tier 1 - High value providers who have met qualifying criteria. By choosing a Tier 1 provider you may pay less.



Insurance Rates

Insurance rates are based on a bi-weekly, 24 pay period basis and will take effect on January 1, 2026.

Benefit Plan	Employee	Employee+Spouse	Employee+Children	Employee+Family
Medical				
United Healthcare	\$36.40	\$202.57	\$186.68	\$216.49
Dental				
Cigna (PPO)	\$12.10	\$31.59	\$30.67	\$32.54
Cigna (DHMO)	\$5.50	\$10.46	\$10.50	\$17.06
Vision				
Superior (PPO)	\$3.47	\$6.55	\$6.55	\$11.24



Retirement Plans

TEXAS MUNICIPAL RETIREMENT SYSTEM (TMRS)

You become a TMRS Member as soon as you begin working in a full time position with the City of Baytown. As a TMRS Member, you can qualify to receive a monthly retirement benefit for the rest of your life and possibly the life of any beneficiary.

7% Employee Contribution/14% City Contribution

- The City of Baytown cares about the future of its employees so 7% is automatically contributed from your paycheck every pay period while the City contributes 14%.

Vested in 5 Years

- Once you reach 5 years of service credit, you are entitled to the City's contributions once you meet retirement eligibility.

Retirement Eligibility

- You are eligible to retire at:
 - 20 years of service
 - 5 years of service at the age of 60

Supplemental Death Benefit

- In the event that you pass away while employed by the City, your beneficiary will also receive a payment approximately equal to your current annual salary. This applies to vested and non-vested members.

Information:

www.tmr.com
800-924-8677



MISSION SQUARE

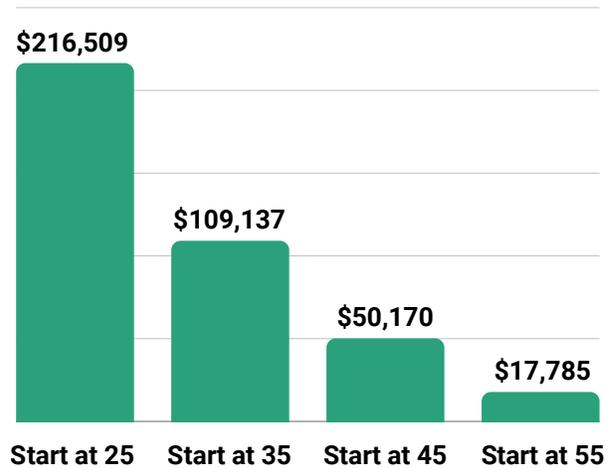
A smart addition to any pension or Social Security benefits you may receive, your 457 Deferred Compensation Plan or Roth-IRA offers simple and flexible ways to increase your retirement savings for a more secure and confident financial future.

A retirement plan with benefits:

-  Set your own savings goals
-  Control your investments
-  Choose your beneficiaries
-  Get tax benefits
-  Access your MissionSquare representative for personalized help
-  Payroll deduct

How much could my account be worth at age 65?*

Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.



**For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6% compounded bi-weekly*



MISSION SQUARE RETIREMENT PLAN COMPARISON

	457(b) Plan	Roth IRA
What is it?	Individual retirement account you can open through payroll deduction.	
When is it taxed?	Taxes are taken out at the time a withdrawal is made.	Taxes are taken out at the time the contribution is made.
Eligibility	Part-time or Full-time employees, any income level.	Part-time or Full-time employees, under applicable modified gross income levels.
Maximum Contribution for 2026	\$23,500	\$7,000
Taxation of Withdrawals	Withdrawals are subject to federal and, in most cases, state income taxes.	Withdrawals are tax-free if requirements for a qualified distribution are met (e.g., five years have passed since Jan. 1 of the year of your first Roth contribution and you're at least 59 1/2). Distributions for a first-time home purchase are also qualified.
Withdrawal Eligibility	Upon separation from service with the City. In-service withdrawal options (e.g, after age 70 1/2, emergency withdrawals) may also be available.	Withdrawals can be taken at any time. Contributions are always withdrawn first, tax- and penalty-free.
10% Early Withdrawal Penalty Tax	457(b) plan contributions and associated earnings are not subject to the early withdrawal penalty tax. However, if you roll assets into you 457(b) plan from another type of account, the rolled-in assets may be subject to the 10% early withdrawal penalty tax if withdrawn prior to age 59 1/2, unless an exception to the penalty applies.	Yes, if withdrawn prior to age 59 1/2, unless an exception to the penalty applies.

Medical Benefits



United Healthcare | 800-842-5724 | myuhc.com

As a foundation for your good health, the City of Baytown provides you with a medical plan through United Healthcare that offers quality, flexibility and value. A brief overview of services/costs appears on the following page. For more details, including limitations and exclusions, please visit www.baytownlife.com.



United Healthcare Medical and Prescription Drug Plan Summary

Medical	In-Network	Out-of-Network
Annual Deductible		
Single	\$750	\$2,500
Family	\$2,250	\$7,500
Annual Maximum Out-of-Pocket		
Single	\$5,500	\$10,000
Family	\$12,700	\$30,000
Annual Maximum Out-of-Pocket Includes:		
Copays	Yes	No
Deductible	Yes	Yes
Virtual Visit	\$0 copay	No coverage
Mental Health Visit	\$25 copay (in-person and virtual visits)	No coverage
Physician Office Visit	\$50 copay	40% after deductible
Specialist Office Visit	\$60 copay (Tier One Specialist) \$85 (Non-Tier One Specialist)	40% after deductible
Urgent Care	\$55 copay	40% after deductible
Emergency Room	\$250 plus deductible & insurance	\$250 plus deductible & insurance
Outpatient Hospital Services	20% after deductible	40% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible
Outpatient Mental Health	20% after deductible	40% after deductible
Inpatient Mental Health	20% after deductible	40% after deductible
Prescription Drugs	In-Network	Out-of-Network
Prescription Drugs: Retail	Up to 30 days	Up to 30 days
Prescription Drugs Deductible	\$50 (Brand Preferred/Non-Preferred only)	\$50
Generic (Tier 1)	\$10 copay	\$10 copay
Brand Preferred (Tier 2)	\$40 copay after deductible	\$40 copay after deductible
Brand Non-Preferred (Tier 3)	\$75 copay after deductible	\$75 copay after deductible
Prescription Drugs: Mail Order/Retail	Up to 90 days	Up to 90 days
Generic (Tier 1)	\$20 copay	\$20 copay
Brand Preferred (Tier 2)	\$80 copay	\$80 copay
Brand Non-Preferred (Tier 3)	\$150 copay	\$150 copay

Where should I go for care?

Choosing where to go for health care can feel overwhelming. Establishing a relationship with a Primary Care Physician is the best way to manage routine care and coordinate your overall health care. Because unexpected accidents or illnesses can occur at any time, it's important to understand your options ahead of time—this can help you save both time and money.

Did You Know?

Costs of services could be very high depending on where you go for care. Know before you go! See the user-friendly guide below for details:

FREE	Same Day Appointments or Virtual	Wellness Center/Virtual	<ul style="list-style-type: none"> • Routine & preventative care • Treatment of minor injury & illness • Alternative to Emergency Room
\$25 copay	In-person or Virtual	Mental/Behavioral Health	<ul style="list-style-type: none"> • Includes treatments such as psychotherapy, substance abuse, counseling, etc.
\$50 copay	Appointment typically required	Primary Care Physician	<ul style="list-style-type: none"> • Routine & preventative care • Treatment of minor injury & illness • Medication management
\$55 copay	No appointment, wait times vary	Urgent Care	<ul style="list-style-type: none"> • Alternative to emergency room for non-life threatening issues • Extended after hours care
\$60-85 copay	Appointment required	Specialist	<ul style="list-style-type: none"> • Specialized care and treatment • Typically recommended by your primary care physician
\$250 copay	No appointment, could take hours	Emergency Room	<ul style="list-style-type: none"> • Care for life threatening injuries or illnesses

Comparison is based on in-network services. Cost represents your copay based on your plan. For specific copay amounts, see page 12.

United Healthcare Mobile App

Get your health info, wherever you go.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network
- Estimate costs
- Video chat with a doctor 24/7
- View and share your health plan ID card
- See your claim details and view progress toward your deductible

Get the UHC App today

Visit myUHC.com to register for an account.

Download the myUHC app:

- Scan the QR code.
- Search myUHC in your app store



Employee Wellness Center

Right here. Right for you.

We understand well-being isn't just about you, but taking care of those you love. We offer quality care for employees, spouses, and dependents who are covered under the City of Baytown's medical plan at no extra cost.

The Wellness Center is staffed and managed by Concentra and delivers medical care for personal health, work-related injuries, illnesses and more.

Services



Primary Care



Minor Wound Care



Minor Surgical
Procedures



Common Illnesses



Monitoring and
Laboratory Tests



Minor Infections



Work and non-work
related injuries



Skin Complaints

How much does it cost to use the Wellness Center?

Eligible employees and their dependents covered on the City of Baytown's medical insurance plan can use the center free of charge. Only full-time employees, not family members, that are not covered on the plan can utilize the center for a \$50 fee.

Do I need to make an appointment?

In order to see patients in a timely manner, an appointment is recommended. Walk-ins are accepted but scheduled appointments will take priority.

Do I have to physically visit the Wellness Center to receive care?

Not in all cases. The Wellness Center offers telemedicine visits that allow you to receive the care you expect virtually using a smartphone, tablet, or computer from the convenience of wherever you are.

Clinic Hours:

Monday, Tuesday and Thursday

- 7 am to 4 pm

Wednesday and Friday

- 8 am to 5 pm

Closed for lunch all days from 12 pm to 1 pm

Contact Us:

Phone: 832-514-6548

Fax: 832-695-2725

Location:

4002 Garth Rd, Suite 130

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) through Optum in partnership with United Healthcare, allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The money you choose to set aside in the FSA is not taxed - so you save money. Each year you want to participate in the FSA, you elect the amount you wish to contribute to each account. Your contributions will be deducted from your paycheck in equal installments throughout the year and deposited into your account(s). You must re-enroll every year during benefits open enrollment to keep your FSA.

Note: The IRS has a strict “use it or lose it” rule. If you don’t use the full amount of your FSA by the end of the plan year, you will lose any remaining funds.

	Health Care FSA	Dependent Care FSA
IRS contribution limits	Between \$100 - \$3,300 per year	Between \$100 - \$7,500 per year
What is it?	To pay for certain out-of-pocket health care costs. Eligible expenses include medical, prescriptions, dental and vision expenses.	Pre-tax benefits to pay for eligible dependent care services such as preschool, summer day camp, before or after school programs and/or child or adult daycare.
Where can I find a complete list of eligible expenses?	For a complete list of eligible expenses, refer to IRS publication 502: Medical and Dental Expenses available at: www.irs.gov/publications	For a complete list of eligible expenses, refer to IRS publication 503: Child and Dependent Care expenses available at: www.irs.gov/publications
Whose eligible expenses can I pay for?	You, your spouse and children.	Dependent under age 13, spouse or a relative who is physically or mentally incapable of self-care and lives in your home.
When can I use my FSA?	The amount you have elected to contribute for the year may be used for eligible expenses beginning January 1, 2026.	The account is not pre-funded. Only your current account balance is available for reimbursement on eligible expenses.
Can I roll over my unused FSA funds?	No. Any funds not spent by December 31, 2026 will be forfeited.	
Will I need to save receipts or provider invoices?	Yes. Keep track of your expenses through www.myuhc.com or the United Healthcare phone app.	Yes. Keep track of your receipts to submit via www.myuhc.com to request reimbursement for paid eligible expenses.
Can I enroll or adjust my FSA amount mid-year?	Yes. If you have a qualifying life event during the plan year, you are given the option to increase your contribution amount or enroll in a health care and/or dependent care FSA. See page 7 for a list of qualified life events.	

Dental Benefits



Cigna | 800-244-6224 | mycigna.com

As part of supporting your overall well-being, the City of Baytown provides you with dental coverage through Cigna that delivers quality care, flexibility, and value. A brief overview of covered services and costs is on the next page. For full details, including plan limitations and exclusions, please visit www.baytownlife.com.



Dental Plans

Cigna | 800-244-6224 | mycigna.com

Strong teeth and gums are an important part of good health, which is why the City of Baytown offers you and your eligible dependents dental coverage to help pay for many of the dental expenses you and your family incur. The plan helps you pay for the most necessary dental services and supplies, including diagnostic and preventative care (such as exams, cleanings, and x-rays), and basic and major restorative services (such as fillings, crown, and dentures).

Use this brief overview of services/costs for a comparison of Cigna DHMO and Cigna PPO plans.

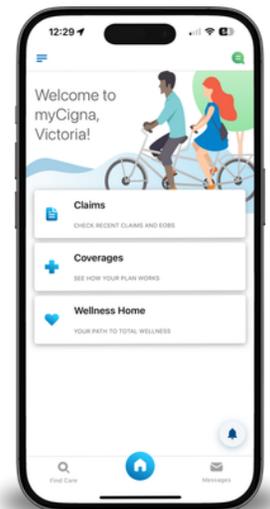
Plan Features	Cigna DHMO	Cigna PPO
Annual Deductible		
Single	None	\$50
Family	None	No limit
Annual Benefits Maximum	None	\$1,200
Diagnostic & Preventative Services (e.g. x-rays, cleaning, exams)	Copayment Schedule	100%
Basic & Restorative Services (e.g. fillings, extraction, root canals)	Copayment Schedule	80% after deductible
Major Services (e.g. dentures crown, bridges)	Copayment Schedule	50% after deductible
Orthodontia	Copayment Schedule (adults/children up to age 19)	50% after deductible (children up to age 19 only)
Orthodontia Lifetime Maximum	Varies	\$1,200

Note: If you visit an out-of-network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

Get Started with myCigna:

You can use your myCigna account to look for an in-network dentist, estimate cost of care and more. To register for a myCigna.com account:

1. Go to myCigna.com and select "Register."
2. Enter your personal details like name, address, and date of birth.
3. Confirm your identity with secure information like your Cigna ID or social security number, or complete a security questionnaire. This will ensure only you can access your information.
4. Create a user ID and password.
5. Review and submit.



Vision Benefits



Superior Vision | 800-507-3800 | superiorvision.com

To help you maintain healthy eyes and clear vision, the City of Baytown provides you with vision coverage through Superior Vision that offers quality care, flexibility, and value. A brief overview of covered services and costs is on the next page. For complete details, including plan limitations and exclusions, please visit www.baytownlife.com.



Vision Plan

Superior Vision | 800-507-3800 | superiorvision.com

See clearly and keep your life in focus with coverage provided by Superior Vision. Benefits include eye exams, eyeglasses, and contact lenses. You are free to choose any provider you would like - visit a doctor within the Superior Vision network and take advantage of higher benefits coverage, or visit an out-of-network provider for a reduced benefit.

Use this brief overview of services/costs for a comparison of staying in-network versus going out-of-network.

Plan Features	In-Network	Out-of-Network Plan reimburses you up to:
Exam (once every 12 months)	\$10 copay	\$40 (Optometrist) \$42 (Ophthalmologist)
Frames (once every 24 months) Materials Fee	\$140 allowance \$25 copay	\$52 \$25
Lenses (once every 12 months)		
Single Vision	Covered in full	\$40
Bifocal	Covered in full	\$60
Trifocal	Covered in full	\$60
Progressive	20% off amount over retail	N/A
Contact Lenses - in lieu of lenses and frames (once every 12 months)		
Contact Lens Fitting Fee	\$25 copay	N/A
Medically Necessary	Covered in full	\$105
Elective	\$160 allowance	\$105

Note: If you visit an out-of-network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

Get Started with SuperiorVision.com:

You can use your Superior Vision account to look for an in-network eye care professional, check your benefits and view your ID card. To register for a SuperiorVision.com account:

1. Go to SuperiorVision.com and select "Member Login."
2. Select "Create a new account."
3. Complete the fields required and confirm your identity.
4. A confirmation email will be sent to the email address provided. Click on the link sent to activate your account.



Life & Disability Benefits

Equitable | 866-274-9887 | equitable.com

Life Insurance

The City of Baytown believes it's important to stay positive and prepare financially, which is why we offer voluntary life insurance and accidental death & dismemberment (AD&D) coverage through Equitable.

New Hire Election Rules

	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	\$10,000
Maximum	5x Base Salary or \$500,000*	1/2 of employee election	\$10,000
Guaranteed Issue	\$200,000	\$30,000	\$10,000

*Whichever is less

Benefits Enrollment Election Rules

	Employee	Spouse	Child(ren)
Guaranteed Increase	\$20,000	\$10,000	\$10,000 Benefit Maximum

Please note:

- During open enrollment, if you currently do not have Equitable Voluntary Term Life and AD&D coverage and would like to enroll, your guaranteed issue will be the same as the increase listed above.
- For any amount over the guaranteed issue limit, an Evidence of Insurability (EOI) is required.
 - Failure to complete this form within 10 days after your enrollment deadline will result in your request for any amount over the guaranteed coverage to be declined.
 - **Scan the QR code or click [HERE](#) to submit your EOI.**



Helpful Terms:

Guaranteed Issue - Maximum amount of life insurance that can be elected that Equitable will automatically approve you for.

Guaranteed Increase - Maximum amount of life insurance that you can elect or increase your current coverage by for automatic approval.

Disability Insurance

The City of Baytown believes that disability coverage is important because anyone at any age may become injured or ill for a period of time. The City maintains a commitment to always try to provide benefit offerings that best serve the needs of our employees.

Short-Term Disability

- Additional cost for adding to your benefits.
- Replaces 60% of your base salary to a weekly maximum of \$1,000 for the first 13 weeks of disability.
- Benefits begin after the 15th day accident or 15th day sickness elimination period and you must use all of your accrual leave before your pay for Short-Term Disability would begin.
- Pre-Existing Limitation: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy or until you have been covered under the policy for 6 months.
- Integration of Benefits: Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your sick pay may not exceed 100% of your income prior to disability.

Long-Term Disability

- Additional cost for adding to your benefits.
- Replaces 60% of your base salary to a monthly maximum of \$8,000 if you are disabled for more than 90 days and are unable to work.
- Long-Term Disability benefits begin on the 90th day of being unable to work.
- Pre-Existing Limitation: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy or until you have been covered under the policy for 12 months.



Mental Health Benefits

Support that listens, tools that lift, care that lasts.



Employee Assistance Program (EAP)

We recognize that employees may experience issues that affect their quality of life at home or at work. If you are looking for support, you've got options. As an employee, EAP is provided by Optum to you at no additional cost and is completely confidential. These services are also available to those living in your home, even if they are not on your insurance plan.

Emotional Support

Access to 8 free counseling sessions per issue. There is no limit to the number of different issues. Counseling sessions are available virtually or in-person.

Financial Assistance

No-cost consultation from a qualified specialist on topics such as budgeting, retirement or financial planning. Assistance also includes an identity theft consultation.

Legal Assistance

Free 30 minute consultation with an attorney on topics such as family law, elder law, wills, will generator, etc. Plus you receive 25% discount for services beyond what is offered.

Daily Life Assistance

Looking for childcare? Having a hard time as a caregiver? Need help moving? Support is offered from an experienced professional to find the help you need.



For help or to get started:

Call Optum at 1-888-267-3520

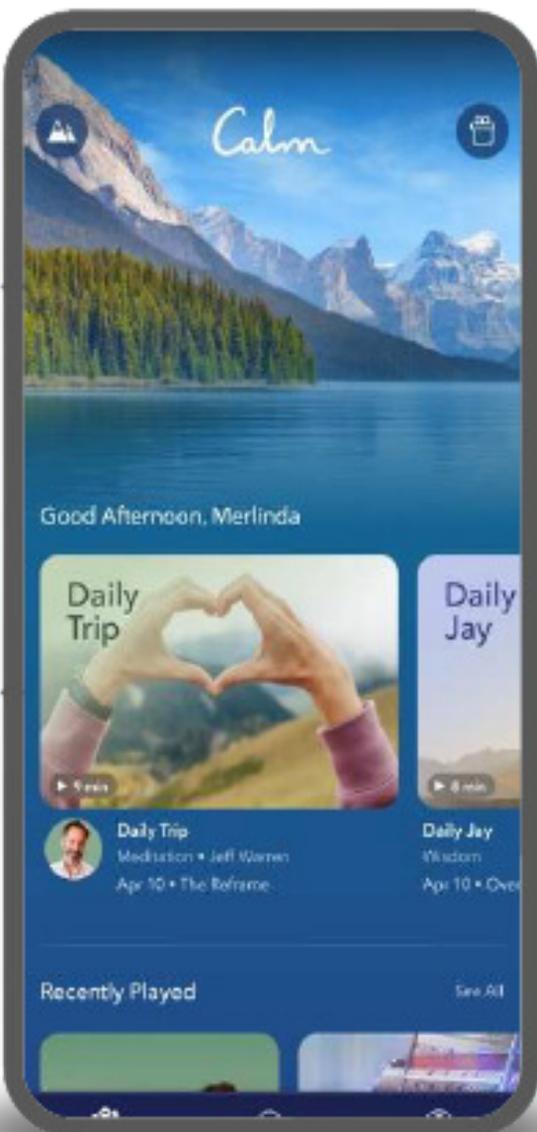
Download the app: myliveandworkwell

Visit www.liveandworkwell.com
Select "Browse with an access code"
Guest Access Code: cob123

Calm Health App

Because mind and body are connected.

Taking good care of your mental health has never been more important. Calm Health offers mental health programs and tools to support better understanding of your mental health and physical well-being. This benefit is free to any employee and their dependents who are a part of the medical plan.



Get started with Calm Health app:

To register and download the app, scan the QR code for the Calm registration page and enter the company access code **COB123**



Already have the Calm app?

1. Open the app
2. Go to: Profile > Settings > Link Organization Subscription
3. Enter organization code "Optum EWS"
4. In the "group code" field, enter the company access code **COB123**



Getting Started with Support



Welcome to Talkspace

Talkspace is a digital space for private and convenient mental health support for employees covered under the City of Baytown health insurance. With Talkspace, you can choose your therapist from a list of recommended, licensed providers and receive support day and night from the convenience of your device (iOS, Android, and Web).

How it works

You can begin to exchange unlimited messages (text, voice, and video) with your personal therapist immediately after registration. Therapists engage daily, five days per week, which often includes weekends. Every Talkspace member is granted a complimentary, 10-minute video session to get to know their new therapist. Additional video sessions can also be scheduled.

You will continue to work with the same therapist throughout your journey. However, you're always welcome to switch providers so you can find the perfect fit. Talkspace's clinical network features thousands of licensed, insured, and verified clinical professionals with specialties ranging from behavioral to emotional and wellness needs, including:

- ✓ Stress
- ✓ Anxiety
- ✓ Depression
- ✓ Relationships
- ✓ Healthy living
- ✓ Trauma & grief
- ✓ Eating disorders
- ✓ Substance use
- ✓ Sleep
- ✓ Identity struggles
- ✓ Chronic issues
- ✓ And more

Ready to get started?

- Visit talkspace.com/connect
- Select UHC under "Use my Insurance Benefits" and fill in your information
- Complete the Quickmatch survey
- Review your best matches and choose your personal therapist

Responder Health



Our Mission

Our goal is to provide First Responders with an option beyond traditional Employee Assistance Program (EAP) services. Responder Health provides confidential and full-service solutions that support First Responders through stressful and traumatic events.

Peer Support

The City of Baytown has a Peer Support program to help you. This is a confidential face-to-face conversation with a certified individual on the peer support team if you need help/guidance through a variety of situations, such as:

**TRAUMA | RELATIONSHIPS
FINANCES | PTSD
SUBSTANCE ABUSE**

Responder Health App

First Responders and their families have access to a tailored on-demand coaching app offering videos and tools that help you deal with being sad or stressed, rather than avoid these normal life challenges.



**Unlock Code:
BAYTOWN21**



Thank you for keeping our community safe.

Physical Health Benefits

Because feeling your best starts with staying on top of your health.



Pregnancy & Postpartum



Life changes when you become a mom. Maybe you'll become a new mom through pregnancy, maybe you'll become a mom by being a foster parent or through adoption. If your path to motherhood includes pregnancy, you might be wondering what surprises await you and how best to prepare for what's ahead before your baby arrives. We have resources to help you through every stage of pregnancy, from prenatal care to postpartum support.

Maternity Support

Whether you're thinking about having a baby or have one on the way, you probably have questions. Using our various member tools and resources, you'll find help to learn what you need to know, including:

- What to expect during your pregnancy
- How to stay healthy before, during and after your pregnancy
- Ways to manage your health through pregnancy and postpartum

Breastfeeding Supplies & Support

Breastfeeding may be one of the many topics you're thinking about as you prepare for your baby's arrival.

Thankfully breast pump coverage or assistance is provided to you.

- To request a breast pump, call UHC at 800-842-5724 or login to myuhc.com to find a national network provider
- One breast pump is covered per birth, whether it's a single or multiple baby birth
- Breast pumps purchased at retail stores are not eligible for reimbursement
- Lactation classes are also covered at 100% for in-network doctors or providers, including various clinics, health care professionals, OB/GYNs and pediatricians



Start Your Real Appeal Journey

Real Appeal is a free* online lifestyle program designed to help you lose weight, feel better, and improve your health - one small step at a time.

Make the Change You've Always Wanted.

Real Appeal is a program on Rally Coach available to you and your dependents at no additional cost if covered under the City of Baytown medical plan.



Live Online Sessions

Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.



Tailored to You

You are not visible in the online group sessions and can choose how you'd like to participate.



Stay on Track

Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.



Success Kit

A Success Kit with food and weight scales, and more, shipped to you after you attend your first session.

With Real Appeal, You'll Learn Ways to

- Eat Healthier
- Stay Active
- Fit healthy choices into your lifestyle
- Stay motivated and energized
- Develop lasting, healthy habits

What You Need to Register

-  **Medical Insurance Card**
-  **Personal Calendar** - to choose your weekly online session day and time.
-  **Shipping Address** - to receive a Success Kit after attending your first online session.

Get Started Today at
enroll.realappeal.com

*Real Appeal is offered at no additional cost to employees and dependents 18+ years of age who are covered under the City of Baytown medical plan.



The Wellness Center at Lee College

Discounted memberships for all City of Baytown employees!

The Lee College Wellness Center is a state-of-the-art gym and pool. Choose from more than 25 pieces of Life Fitness Cardio machines, including 10 treadmills. It also has a full line of Magnum sectorized resistance equipment.

Pricing

12 Month Term Period:

October 1 - September 30

Cost:

Employee \$58; Spouse \$158

6 Month Term Period:

April 1 - September 30

Cost:

Employee \$30; Spouse \$79

To Register

1. Click [HERE](#) to visit the registration portal or scan the QR code at the bottom
2. Click "Enroll Yourself" to start
3. Login if you have an existing account or click "Sign up" to register
4. Follow the steps to finalize your registration and make payment
5. Once completed, call 281-425-6311 to obtain a parking pass

Parking

City of Baytown employees are strongly encouraged to access the overflow parking area which runs along the south edge of the campus, immediately south of the train.

Located at:

550 Lee Dr, Baytown, TX 77520



LEE COLLEGE

www.lee.edu/wellness



One Pass Select



Discover your new favorite way to stay healthy.

Get access to gyms, studios, online workouts, grocery delivery and Walmart +. This benefit is FREE for you and your dependents (age 18+) covered on our United Healthcare medical insurance. A 10% discount is also available for your eligible family members (age 18+) not covered under the City's medical plan.:

- Access to a large network of gyms and local fitness studios
- Grocery delivery through **Walmart+** and **Shipt**

Get Started:

To register for a OnePassSelect.com account:

1. Go to OnePassSelect.com and select "Get started"
2. Enter your personal details
3. Enter your Health Safe ID (UHC Member ID)
4. "Ready to get started with One Pass Select?" will appear. Select whichever plan you would like
5. Confirm your choice
6. Enjoy One Pass Select!



At the gym

Choose from a large network of gyms and try classes like yoga, cycle, or group training. You'll get a unique member code that you provide when you check into a gym.

At home

Prefer to work out at home? Join live, online fitness classes and explore on-demand workouts. Access them all with your One Pass Select member code.



With grocery delivery

Make your busy life easier. Grocery delivery through **Walmart+** and **Shipt** are included in your One Pass Select membership.

Financial Health Benefits

Smart benefits that help you save, plan, and protect your future.



SmartDollar

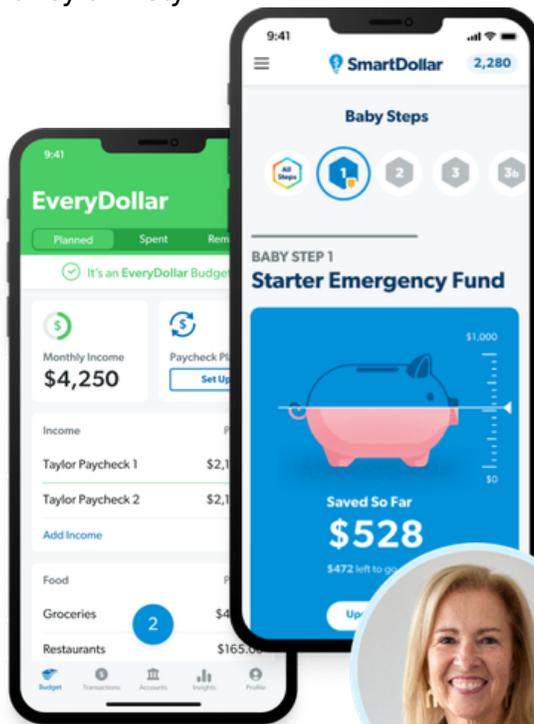


Helps you change the way you handle money for a lifetime.

Say hello to SmartDollar, your free financial wellness benefit! Ditch money stress and learn to spend less, save more, and get rid of debt - for good.

You'll learn how to:

- Handle financial emergencies
- Eliminate debt
- Change spending habits
- Tackle money anxiety



Financial Coach

Stay on track with access to:

- EveryDollar, a budgeting app
- Financial coaching to help you set goals
- Educational videos, articles and audio lessons

Did you know?

SmartDollar also includes:

- Free federal tax returns
- Free legal will creation service
- Access to Ramsey vetted and trusted local providers (i.e. insurance companies, investors, tax advisors)

Create your *free* SmartDollar account

Go online to smartdollar.com/enroll/baytown or scan this QR code



Tuition Assistance

Supporting the growth and development of our employees!

City of Baytown employees are the heart of this city and we want to invest in you. This program is available to help you grow in your career through your education.

Who is eligible?

Full-time employees who have satisfactorily completed at least one year of service with the City.

What is covered?

- Courses that are job-related and will enhance your skills or performance; and
- Courses that are offered by:
 - An accredited institution (College, University or Technical School), or
 - An adult continuing education program, or
 - A professional education program, or
 - A training company or facility

How much is available?

- Up to \$1,500 per employee per semester
- Up to \$3,000 maximum per employee per fiscal year

Get Started:

Visit www.baytownlife.com to submit your application or contact Human Resources at 281-420-6520.



Paid Time Off

As an employee of the City of Baytown, you receive various types of paid time off throughout the year - whether for rest, personal needs, or medical and dental appointments. For full details on each type of leave, please refer to the Personnel Policy on the Intranet.

Vacation

Full-time non-civil service employees will earn vacation leave for service after January 1, 2017 as follows:

Years of Service	Accrual Rate Per Pay Period (hours)	Accrual Rate Per Year (days)
0 - 5 years	3.0770	10 days
6 - 12 years	4.6150	15 days
13 - 22 years	6.1540	20 days
Over 23 years	7.6920	25 days

Civil Service employees will earn vacation leave for service after January 1, 2017 as follows:

Years of Service	Accrual Rate Per Pay Period (hours)	Accrual Rate Per Year (days)
0 - 17 years	Varies per shift	15 days
18 - 23 years	Varies per shift	20 days
Over 23 years	Varies per shift	25 days

Sick

All full time employees will earn 15 days of sick leave annually. Sick leave may be taken for the employee's own personal illness, injury, legal or doctor-ordered quarantine, or routine health care appointments which cannot reasonably be scheduled outside working hours. Employees are eligible for up to five (5) days per calendar year in the event of an illness within the employee's immediate family. Sick leave is available for immediate use by new hires.

Holidays

- Thursday, January 1 - New Year's Day
- Monday, January 19 - Martin Luther King Jr. Day
- Friday, April 3 - Good Friday
- Monday, May 25 - Memorial Day
- Friday, July 3 - Independence Day
- Monday, September 7 - Labor Day
- Thursday, November 26 - Thanksgiving Day
- Friday, November 27 - Day after Thanksgiving Day
- Thursday, December 24 - Christmas Eve
- Friday, December 25 - Christmas Day

Legal Notices

Any additional questions, please use the contact list on page 56.



HEALTH COVERAGE NOTICES

FOR YOUR FILES

This guide contains legal notices for participants in a group health plan(s) sponsored by the City of Baytown.

The notices included in this guide are:

- **CHIP Notice that details coverage for children using premium assistance from Medicaid or CHIP. Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women’s Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Expanded Coverage for Women’s Preventive Care** that explains how the health care plan(s) cover(s) women’s preventive care, including contraceptives, under the Affordable Care Act.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

IMPORTANT:

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage.

CHIP NOTICE

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from City of Baytown, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace.

For more information, **visit www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1-877-KIDS NOW**, or **visit www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myalhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx E-mail: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)

State	Website/E-mail	Phone
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://hcpf.colorado.gov/child-health-plan-plus HIBI: https://www.mycohibi.com/	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/dfr/ All other Medicaid: https://www.in.gov/medicaid	1-800-403-0864 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: http://dhs.iowa.gov/Hawki HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov/agencies/dms KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx KI-HIPP E-mail: KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HSHIPPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfnv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100

State	Website/E-mail	Phone
North Dakota (Medicaid)	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: https://chip.utah.gov/ Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/	1-888-222-2542
Vermont (Medicaid)	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia (Medicaid and CHIP)	https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.96% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact City of Baytown at **(281) 420-6520**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: City of Baytown		4. Employer Identification Number (EIN): 74-6000246	
5. Employer address: 2401 Market Street		6. Employer phone number: (281) 420-6520	
7. City: Baytown		8. State: TX	9. Zip: 77520
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. E-mail address: Benefits@Baytown.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to eligible employees (employees working at least 30 hours per week)
- With respect to dependents, we offer coverage to eligible dependents (legal spouse, dependent children under 26 who is your dependent for federal income tax purposes at the time application for coverage of the child is made.)

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

CITY OF BAYTOWN NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the City of Baytown (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 1/1/2026.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. City of Baytown requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment

We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment

Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Substance Use Disorder Records

If applicable, the Plan will not use or disclose substance use disorder records received from programs subject to the Confidentiality of Substance Use Disorder Patient Records regulations in civil, criminal, administrative, or legislative proceedings against you unless such disclosure is based on your written consent or a court order. Prior to using or disclosing such information pursuant to a court order, the Plan will notify you and provide you with an opportunity to be heard. The Plan will not use or disclose substance use disorder records pursuant to a court order unless the order is accompanied by a subpoena or other legal requirement compelling disclosure.

Pursuant to Your Authorization

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor

We may disclose protected health information to certain employees of City of Baytown for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy

In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

City of Baytown
2401 Market Street
Baytown, TX 77520
(281) 420-6520

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services – Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM CITY OF BAYTOWN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Baytown and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Baytown has determined that the prescription drug coverage offered by City of Baytown plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Baytown coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Baytown coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Baytown and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Baytown changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2026

Name of Entity/Sender: City of Baytown

Contact/Office: Human Resources

Address: 2401 Market Street, Baytown, TX 77520

Phone Number: (281) 420-6520

General Notice of COBRA Continuation Coverage Rights

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains Public Sector COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Baytown.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP)**, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later.

If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. More information about your Public Sector COBRA rights through the Centers for Consumer Information and Oversight (CCIIO), available at www.cms.gov/ccio/

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

For more information about the Marketplace, visit www.healthcare.gov.

Plan contact information

Date: 1/1/2026

Name of Entity/Sender: City of Baytown

Contact/Office: Human Resources

Address: 2401 Market Street, Baytown, TX 77520

Phone Number: (281) 420-6520

OTHER NOTICES:

EXPANDED COVERAGE FOR WOMEN'S PREVENTATIVE CARE

Under the Affordable Care Act, City of Baytown provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.healthcare.gov/preventive-care-women/>.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in City of Baytown medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Baytown medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Baytown.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the City of Baytown or your medical plan administrator.

Contacts

General Information

281-420-6520
benefits@baytown.org

Medical/Prescriptions

United Healthcare
800-842-5724
www.myuhc.com
Group #704356

Virtual Visits - United Healthcare
888-887-4114
www.myuhc.com

NurseLine - United Healthcare
888-887-4114
www.myuhc.com

Dental

Cigna PPO
800-244-6224
www.mycigna.com
Group #3332161

Cigna DHMO
800-244-6224
www.mycigna.com
Group #10206237

Vision

Superior Vision
800-507-3800
www.superiorvision.com
Group #33925

Employee Wellness Center

Administered by Concentra
PH: 832-514-6548
FAX: 832-695-2725
www.followmyhealth.com
4002 Garth Rd, Ste. 130
Baytown, TX 77521

Employee Assistance Program

Optum
1-888-267-3520
www.liveandworkwell.com
Access Code: cob123

Life & Disability

Equitable
866-274-9887
www.equitable.com
Plan: City of Baytown
Group #021026

Family Medical Leave

FMLA Source
PH: 877-462-3652
FAX: 877-309-0218
www.fmlasource.com

Flexible Spending Accounts

Optum
866-755-2648
www.myuhc.com

Retirement Plans

Texas Municipal Retirement System
800-924-8677
www.mytmrs.com

MissionSquare (formally ICMA-RC)
800-669-7400
www.missionsq.org
457 Plan Group #300410
Roth-IRA Plan Group #705207



City of Baytown
HUMAN RESOURCES

2401 Market St.
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benefits@baytown.org
www.baytownlife.com